

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.		FILING DATE										
								APPLICANT(S)												
CLAIMS																				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP		IND		DEP		IND		DEP		
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP							
1								51												
2								52												
3								53												
4								54												
5								55												
6								56												
7								57												
8								58												
9								59												
10								60												
11								61												
12								62												
13								63												
14								64												
15								65												
16								66												
17								67												
18								68												
19								69												
20								70												
21								71												
22								72												
23								73												
24								74												
25								75												
26								76												
27								77												
28								78												
29								79												
30								80												
31								81												
32								82												
33								83												
34								84												
35								85												
36								86												
37								87												
38								88												
39								89												
40								90												
41								91												
42								92												
43								93												
44								94												
45								95												
46								96												
47								97												
48								98												
49								99												
50								100												
TOTAL IND.	7							TOTAL IND.												
TOTAL DEP.	13		13					TOTAL DEP.												
TOTAL CLAIMS	16		16					TOTAL CLAIMS												